

MDR Tracking Number: M5-04-0334-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-02-03.

The IRO reviewed hot or cold pack therapy, therapeutic exercises, office visits/outpatient, office visits with manipulation and therapeutic procedures rendered from 10-07-02 through 03-18-03 that was denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the requestor **did not prevail** on the majority of the issues of medical necessity. Consequently, the requestor is not owed a refund of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. The office visits/outpatient and office visit with manipulation rendered during 10-07-02 through 03-18-03 was medically necessary as well as therapeutic exercises and therapeutic procedures rendered from 10-07-02 through 10-24-02. The hot/cold pack therapy for dates of service 10-07-02 through 03-18-03 and therapeutic exercises and therapeutic procedures rendered after 10-24-02 were not medically necessary. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 12-16-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
10/17/02 through 11/22/02 (4 DOS)	97110	\$720.00 (18 units @ \$40.00 per unit)	\$0.00	F	\$35.00	Rule 133.307 (g)(3)(A-F)	See rationale below. No reimbursement recommended.
3/18/03	97545-WC	\$72.00 (2 units @ \$36.00 per unit)	\$0.00	No EOB	\$36.00 (less 20% reduction for non-CARF provider)	Rule 133.307 (g)(3)(A-F) 96 MFG MEDICINE GR (II)(C)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in amount of \$72.00 less 20% reduction for non-CARF provider = \$57.60

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
3/18/03	97546-WC	\$36.00 (1 unit)	\$0.00	No EOB	\$36.00 (less 20% reduction for non-CARF provider)	Rule 133.307 (g)(3)(A-F) 96 MFG MEDICINE GR (II)(C)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in amount of \$36.00 less 20% reduction for non-CARF provider = \$28.80
TOTAL		\$828.00	\$0.00				Requestor is Entitled reimbursement amount of \$86.40

RATIONALE: Recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on-one

therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one". Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division (MRD) has reviewed the matters in light of the Commission requirements for proper documentation.

The MRD declines to order payment for code 97110 because the daily notes did not clearly delineate the severity of the injury that would warrant exclusive one-to-one treatment.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 10-07-02 through 03-18-03 in this dispute.

This Order is hereby issued this 9th day of April 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

April 6, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-04-0334-01
IRO Certificate No.: IRO 5055

REVISED DECISION Corrected Disputed Services

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This male claimant was involved in a work-related accident on _____. As a result of his accident, he developed the onset of bilateral low back and leg pain. An evaluation was performed and a treatment program was begun. Over the course of treatment, additional diagnostic testing in the form of MRI's and electrodiagnostic testing was performed that revealed significant positive findings. Passive therapy was rendered, as well as an initial trial of care of twelve (12) sessions of rehab. Also, medication was prescribed.

The patient has significant underlying health problems that delayed his overall response to care. FCE's were performed that continued to indicate the patient was unable to return to his former heavy-duty occupation. He had three lumbar ESI's, as well as recommendation of facet injections.

Evaluation performed on 09/23/02 indicated lumbar radiculopathy and twelve (12) visits of treatment were recommended. Those 12 visits began on 09/25/02, and concluded with the 12th visit, as well as re-evaluation, on 10/24/02.

Disputed Services:

Hot/cold pack therapy, therapeutic exercises, therapeutic procedures, office visits/outpatient, and office visit w/manipulation during the period of 10/07/02 through 03/18/03.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The hot/cold pack therapy (97010) was not medically necessary during the period of 10/07/02 through 03/18/03. All office visits/outpatient and office visit with manipulation (99213, 99213-MP) during the period of 10/07/02 through 03/18/03 were medically necessary. Therapeutic exercises and therapeutic procedures during the period of 10/07/02 through 10/24/02 were medically necessary. Therapeutic exercises and therapeutic procedures rendered after 10/24/02 were not medically necessary in this case.

Rationale:

The records provided for review demonstrate that the twelve (12) sessions of therapeutic exercises rendered from 10/07/02 through 10/24/02 were reasonable, usual, customary and medically necessary for the treatment of this patient's on-the-job injury. Since he had received during the period of 09/25/02 through 10/24/02, 24 visits of rehabilitation, the additional therapeutic exercises or group therapeutic procedures were not medically necessary. The records do not indicate sufficient response to warrant ongoing therapeutic exercises or group therapeutic procedures after 10/24/02.

I am the Secretary and General Counsel of _____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,